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UTILITY PATENT APPLICATION TRANSMITTAL

							⊠ D	UPLICATE			
Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450				TION	Attorney Docke	t No.	IAW3003/EM	. PTO			
					First Named Inv (or identifier)	ventor	ning-Jiun LIAW	u.s.			
Alexandria, VA 22313-1450			Total Pages	5	57						
		Transmi	tted h	erewith is a pate	nt applicat	ion unde	r 37 CFR 1.53(b).	22141			
Er	ntitled:			• •	e Detection Of The Effective Number Of Gray owing Motion Images						
Ø	1.	Submitted herewith are the following:									
		 15 pages of specification, including claims and Abstract. 6 sheets of FORMAL drawings (Figs. 1, 2A-B, 3A-B, 4A-B, 5) 15 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Industrial Technology Research Institute, Chutung Hsinchu, Taiwan 310, R.O.C. Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan appl no. 091136324. Priority is claimed. 1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee). 									
	2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.									
⊠	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.									
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed									
	5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed									
	6.	Other:									
Reg	. No. 2	5,893; Richa	ard E. F		882; Thomas	J. Moore, i	/, Reg. No. 19,179; Eug Reg. No. 28,974; Josep				
THE FILING FEE IS CALCULATED AS FO			LLOWS:		Basic Fee:	\$750.00					
		Total Claims:	15	- 20 =		0	X \$18 =	\$0.00			
	Indeper	ndent Claims:	3	- 3 =		0	X \$84 =	\$0.00			
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176		4	Multiple De	Iltiple Dependent Claim (add \$280.00):							
		loor	CUSTOMER NUMBER		Subtotal:		\$750.00				
		50		50% Reduction if Small Entity Status:							
Phone: 703-683-0500			Fax: 70	3-683-1080	Total: \$7		\$750.00				
Date:		te:		Name:		Signature:		Reg. No.			
			Richard E. Fichte	r	Richard & Richa		26,382				